

10/548404

JC17 Rec'd PCT/PTO 08 SEP 2005

**Application Data Sheet**

**Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH PHOSPHODIESTERASE IB (PDE1B)
Attorney Docket Number::	004974.01065
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	0
Total Drawing Sheets::	2
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	GOLZ
Name Suffix::	
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Buckmannsmuhle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Middle Name::	
Family Name::	BRUGGEMEIER
Name Suffix::	
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckertstr. 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

#### **Correspondence Information**

Correspondence Customer Number:: 22907

#### **Representative Information**

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/002065	27 February 2004

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03005386.2	13 March 2003	YES

### Assignee Information

Assignee name:: BAYER HEALTHCARE AG  
Street of mailing address::  
City of mailing address:: Leverkusen  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-51368